PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/508085

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|--|---|--|----------------------|---|---------------------|-------------------|------------------------|------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASI | C FEE | | SMALL ENT. = | \$ 150 | LARGE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT Arti (4) = \$50/ | | All other situations = \$ 100 / \$ 200 | | EXAM. FEE | <u>-</u> | | EXAM. FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$5 ALL other coun \$ 200 / \$ 4 | tries = | ALL other situations = \$ 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400) |
| FEE FOR EXTRA SPEC. PGS. | | | 25 minus | s 100 = | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOT | AL CHARGEAB | LE CLAIMS | 5 mini | us 20 = | * — | | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | / mii | nus 3 = | * _ | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | lumn 2 | TOTAL | | OR | TOTAL | 900 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | h (1 | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | |
| * | If the "Highest No | umn 1 is less than thumber Previously Pa | aid For" IN THIS SP | ACE is le | ss than '2 | 0', enter "20". | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.